



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation2017

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>000075177</u>		2. Exact name of the Corporation <u>Johnston School Music Association</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To aid in the improvement of the music program and to work and assist the music directors.</u>	
4. NAICS Code <u>51</u>			
6. Principal Office Address <u>10 Memorial Ave.</u>		City <u>Johnston</u>	State <u>RI</u> Zip <u>02919</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Pamela Oliveira</u>		Vice-President Name <u>Lori Agnew</u>	
Street Address <u>1137 Plainfield St.</u>		Street Address <u>11 Susan Circle</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u> Zip <u>02919</u>
Secretary Name <u>Melissa Patrone</u>		Treasurer Name <u>Joanne Bouchard</u>	
Street Address <u>990 Atwood Ave.</u>		Street Address <u>3 Stagecoach Rd.</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u> Zip <u>02919</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Ronald Lamoureux</u>		Director Name <u>Oliver Reid</u>	
Street Address <u>932 Park Ave.</u>		Street Address <u>35 Mountain Ave.</u>	
City <u>Woonsocket</u>	State <u>RI</u>	City <u>Riverside</u>	State <u>RI</u> Zip <u>02915</u>
Director Name <u>MATTHEW GINGRAS</u>		Director Name	
Street Address <u>109 KNOLLWOOD AVE.</u>		Street Address	
City <u>CRANSTON</u>	State <u>RI</u>	City	State Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <u>JOANNE BOUCHARD, TREASURER JSMA</u>		Date <u>6-4-17</u>	
Signature of Officer/Authorized Representative <u>Joanne Bouchard</u>		<div style="text-align: center;"> <b>FILED</b>  <b>JUN 15 2017</b>  <b>BY 1743</b> </div>	

MAIL TO:  
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